

Business Entity Endorsement Termination

Form 411-8T (Rev. 10/2002)

PRODUCER LICENSING BUREAU
P.O. Box 1139
Sacramento, CA 95812-1139

Pursuant to Sections 1627, 1647 and 1661 of the Insurance Code

License Number of Organization:

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Please **PRINT** or **TYPE**:

Organization Name:
Mailing Address:
City, State, Zip:

TO THE INSURANCE COMMISSIONER OF THE STATE OF CALIFORNIA: NOTICE IS HEREBY GIVEN THAT EFFECTIVE FROM THE DATE OF FILING OF THIS NOTICE, THE ORGANIZATION HEREBY TERMINATES THE EMPLOYMENT OF THE PERSON(S) NAMED HEREIN.

NOTE: Enter only ONE appointment type per line.*Two-letter appointment types: **FX** – FIRE AND CASUALTY BROKER-AGENT**LA** – LIFE AND DISABILITY ANALYST**LX** – LIFE AGENT**CS** – CARGO SHIPPER'S**MC** – MOTOR CLUB**LI** – LIFE AGENT LIMITED TO PRE-NEED **CI** – CREDIT INSURANCE AGENT**PL** – PERSONAL LINES

	Appt Type	Social Security Number	Name (as shown on license)	Effective Date
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

SIGNATURE: (An Officer or partner must sign.)

X	Date:
Title:	Phone Number: ()

FILING FEE:

Submit \$24 per termination of appointment type.

Enter number of terminations:

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X \$24 =

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MAIL FORM AND FEE TO:

California Department of Insurance
P.O. BOX 957
Sacramento, CA 95812-0957